

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone: 812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

Owner's A Person in C Mala; Responsible Certified F Maa CRITICAL VIOLATIO	ent Addre E. M. Stddress Charge The Person's Cood Mana, Schwidt LITEMS ALL DN(S) REPE	E-mail GET (7	/25/24) TIFIED IN THE CHECKLIST AND NARRA	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) TIVE COLUMNS MARKED "C" OTED IN THE "SUMMARY OF VIOLATIONS" A	Follow-u No Summary C Menu Typ 1 2	P Release Date /O day 5 of Violations: NC R R De (See back of page) X 3 4 5	
Section#	C/NC	R		Narrative		To Be Corrected By	
			No violations. All	corrections made.			
Received by (name and title printed): Inspected by (name and title printed):							
Received by	ade (signature)	ln	M. Crujo	Inspected by (signature):			